



07-13-06

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |   |                        |                  |
|--|---|------------------------|------------------|
|  |   | Application Number     | 09/884,455       |
|  |   | Filing Date            | June 18, 2001    |
|  |   | First Named Inventor   | Michael HOUGHTON |
|  |   | Art Unit               | 1656             |
|  |   | Examiner Name          | W. Moore         |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number | 223002010004     |

### ENCLOSURES (Check all that apply)

|  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form + duplicate (2 pages) | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC  |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                         |
| <input type="checkbox"/> Amendment/Reply                                       | <input type="checkbox"/> Petition   | <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) (1 page) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                             | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request (1 page)         | <input type="checkbox"/> Terminal Disclaimer  | <input type="checkbox"/> Other Enclosure(s) (please identify below):  |
| <input type="checkbox"/> Express Abandonment Request                           | <input type="checkbox"/> Request for Refund   | Return receipt postcard   |
| <input type="checkbox"/> Information Disclosure Statement                      | <input type="checkbox"/> CD, Number of CD(s) _____                                      |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application        | <input type="checkbox"/> Remarks  |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53      |   |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |  |          |        |
|--------------|--|----------|--------|
| Firm Name    | MORRISON & FOERSTER LLP (Customer No. 25226) |          |        |
| Signature    |  |          |        |
| Printed name | Shantanu Basu                                |          |        |
| Date         | July 11, 2006                                | Reg. No. | 43,318 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 456357488 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 11, 2006

Signature: (Megha Aggarwal)



PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL****For FY 2006**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 1,520.00)**Complete if Known**

|                      |                  |
|----------------------|------------------|
| Application Number   | 09/884,455       |
| Filing Date          | June 18, 2001    |
| First Named Inventor | Michael HOUGHTON |
| Examiner Name        | W. Moore         |
| Art Unit             | 1656             |

Attorney Docket No. 223002010004

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                              | <u>SEARCH FEES</u> |                              | <u>EXAMINATION FEES</u> |                              | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u>    | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u>         | <u>Small Entity Fee (\$)</u> |                       |
| Utility                 | 300                | 150                          | 500                | 250                          | 200                     | 100                          |                       |
| Design                  | 200                | 100                          | 100                | 50                           | 130                     | 65                           |                       |
| Plant                   | 200                | 100                          | 300                | 150                          | 160                     | 80                           |                       |
| Reissue                 | 300                | 150                          | 500                | 250                          | 600                     | 300                          |                       |
| Provisional             | 200                | 100                          | 0                  | 0                            | 0                       | 0                            |                       |

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

| <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> |
|-----------------|------------------------------|
|-----------------|------------------------------|

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|
|---------------------|---------------------|-----------------|----------------------|

Multiple Dependent Claims

| <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|-----------------|----------------------|
|-----------------|----------------------|

360 0.00

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|
|----------------------|---------------------|-----------------|----------------------|

| <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|-----------------|----------------------|
|-----------------|----------------------|

360 0.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
|---------------------|---------------------|---|-----------------|----------------------|

- 100 = /50 (round up to a whole number) x = Fees Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

500.00

Other (e.g., late filing surcharge): 1401 Notice of appeal

1,020.00

1253 Extension for response within third month

**SUBMITTED BY**

|                   |               |                                      |        |           |                |
|-------------------|---------------|--------------------------------------|--------|-----------|----------------|
| Signature         |               | Registration No.<br>(Attorney/Agent) | 43,318 | Telephone | (650) 813-5995 |
| Name (Print/Type) | Shantanu Basu |                                      |        | Date      | July 11, 2006  |